

Statistical Consultation Request

Date submitted:

Date Analysis needed by:

Contact Information

Submitted by: Dental Student Resident (Dept)
 Faculty (Dept)

Contact Phone: Contact email:

Mentor: Mentor Contact:

Specifics

Service(s) requested:

- Study Design
- Data Analysis
- Statistical Advice
- Data Entry
- Other

Consultation to be used in support of what activity?

- Manuscript
- Grant application
- Masters degree application
- Meeting abstract/presentation
- Other _____

Overview

Provide a brief overview describing the purpose and goals of the study to orientate the analyst:

Objective

Provide primary objectives or hypotheses that you are interested in answering:

Reviewed by:

Referred to:

Comments

Project Feedback

Project Follow up:

Appointments

Date	Hours	Initials	Date	Hours	Initials
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please attach this form and any abstracts or other pertinent information to an email and send it to Dr. Udo Oyoyo, uoyoyo@llu.edu and Lisa Nelsen, lnelsen@llu.edu - thank you!